

County: Columbia  
 LODI GOOD SAMARITAN CENTER  
 700 CLARK STREET

Facility ID: 5180

Page 1

LODI 53555 Phone: (608) 592-3241  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 93  
 Total Licensed Bed Capacity (12/31/01): 94  
 Number of Residents on 12/31/01: 83

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 84

Nonprofit Church/Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 84

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.6
Supp. Home Care-Personal Care	No					1 - 4 Years		37.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years		24.1
Day Services	No	Mental Illness (Org./Psy)	49.4	65 - 74	2.4			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	31.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.4	95 & Over	10.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.8		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	10.8	65 & Over	96.4	-----		
Transportation	No	Cerebrovascular	16.9		-----	RNs		16.2
Referral Service	No	Diabetes	3.6	Sex	%	LPNs		4.9
Other Services	Yes	Respiratory	4.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.0	Male	22.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	314	48	94.1	107	0	0.0	0	18	62.1	163	0	0.0	0	0	0.0	0	69	83.1
Intermediate	---	---	---	3	5.9	88	0	0.0	0	11	37.9	152	0	0.0	0	0	0.0	0	14	16.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		51	100.0		0	0.0		29	100.0		0	0.0		0	0.0		83	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	3.1	Bathing	0.0	47.0	53.0	83
Other Nursing Homes	3.1	Dressing	6.0	59.0	34.9	83
Acute Care Hospitals	66.3	Transferring	20.5	53.0	26.5	83
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	12.0	48.2	39.8	83
Rehabilitation Hospitals	0.0	Eating	38.6	48.2	13.3	83
Other Locations	21.4	*****				
Total Number of Admissions	98	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	6.0	Receiving Respiratory Care		6.0
Private Home/No Home Health	17.2	Occ/Freq. Incontinent of Bladder	61.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	29.3	Occ/Freq. Incontinent of Bowel	32.5	Receiving Suctioning		0.0
Other Nursing Homes	3.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	6.1	Mobility		Receiving Tube Feeding		1.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.2	Receiving Mechanically Altered Diets		21.7
Rehabilitation Hospitals	0.0					
Other Locations	4.0	Skin Care		Other Resident Characteristics		
Deaths	40.4	With Pressure Sores	8.4	Have Advance Directives		85.5
Total Number of Discharges (Including Deaths)	99	With Rashes	6.0	Medications		
				Receiving Psychoactive Drugs		66.3

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	92.7	0.96	86.4	1.03	85.8	1.04	84.6	1.05
Current Residents from In-County	48.2	74.5	0.65	69.6	0.69	69.4	0.69	77.0	0.63
Admissions from In-County, Still Residing	14.3	27.9	0.51	19.9	0.72	23.1	0.62	20.8	0.69
Admissions/Average Daily Census	116.7	95.2	1.23	133.4	0.87	105.6	1.10	128.9	0.90
Discharges/Average Daily Census	117.9	95.2	1.24	132.0	0.89	105.9	1.11	130.0	0.91
Discharges To Private Residence/Average Daily Census	54.8	31.4	1.74	49.7	1.10	38.5	1.42	52.8	1.04
Residents Receiving Skilled Care	83.1	91.4	0.91	90.0	0.92	89.9	0.92	85.3	0.97
Residents Aged 65 and Older	96.4	97.3	0.99	94.7	1.02	93.3	1.03	87.5	1.10
Title 19 (Medicaid) Funded Residents	61.4	64.2	0.96	68.8	0.89	69.9	0.88	68.7	0.89
Private Pay Funded Residents	34.9	29.6	1.18	23.6	1.48	22.2	1.57	22.0	1.59
Developmentally Disabled Residents	0.0	0.7	0.00	1.0	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	49.4	36.0	1.37	36.3	1.36	38.5	1.28	33.8	1.46
General Medical Service Residents	6.0	21.3	0.28	21.1	0.29	21.2	0.28	19.4	0.31
Impaired ADL (Mean)	59.3	49.0	1.21	47.1	1.26	46.4	1.28	49.3	1.20
Psychological Problems	66.3	50.2	1.32	49.5	1.34	52.6	1.26	51.9	1.28
Nursing Care Required (Mean)	5.4	7.5	0.72	6.7	0.80	7.4	0.73	7.3	0.74